

Name
in
Full

Mrs Elizabeth Briscoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

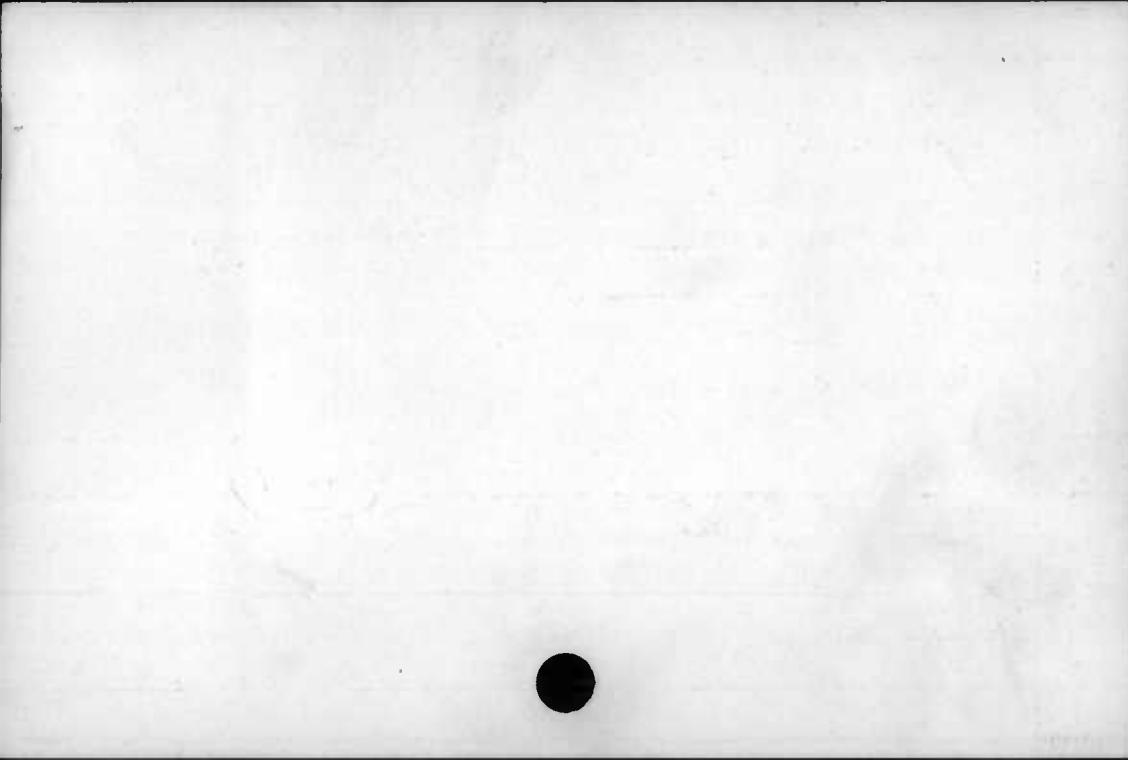
Died at <i>Rising Sun</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>June</i>	Day <i>28</i>	Years <i>88</i>	Months <i>4</i> Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>Rising Sun,</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>John Briscoe</i>	Father's Birthplace <i>Delaware</i>				
Mother's Maiden Name <i>Henrietta Brunavell</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Mrs Mary Sill</i>	How related to deceased				

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

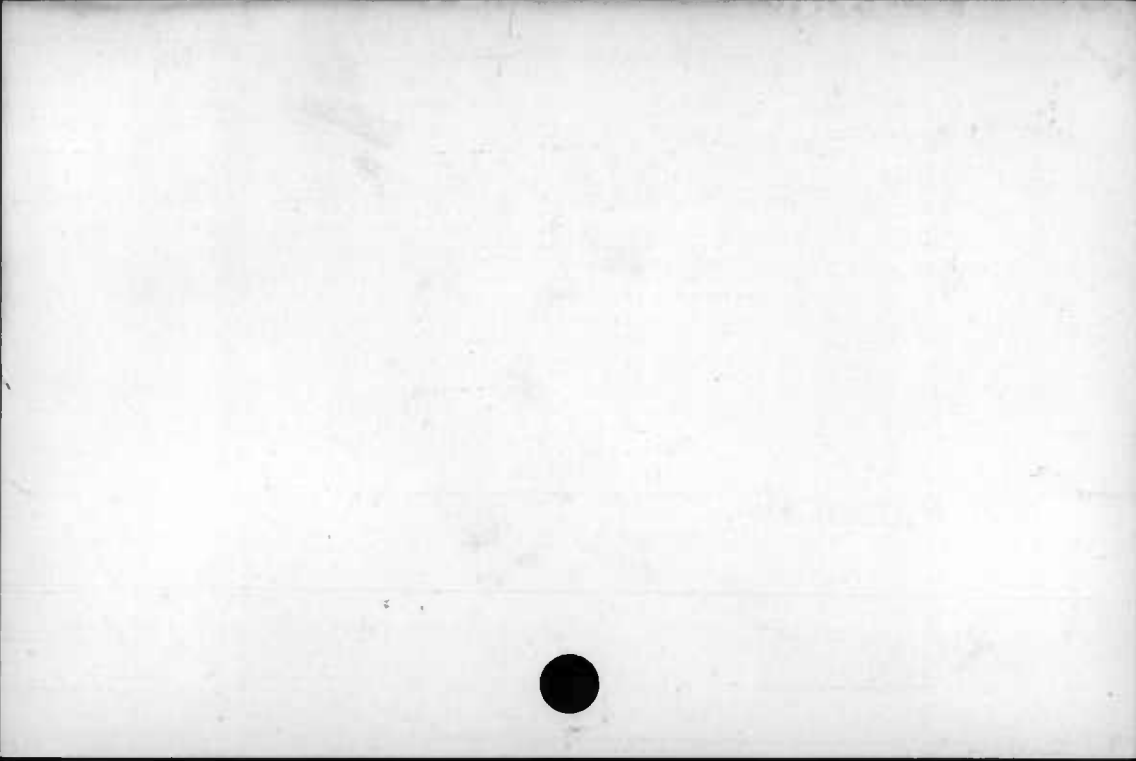
Primary <i>Fracture Surgical Neck of Femur</i>	How long <i>10 days</i>
Immediate <i>Heart Failure</i>	How long <i>20 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. S. Dore MD</i>
	Address <i>Rising Sun Md</i>
Accident or Suicide? <i>-</i>	



Name in Full Unnamed Carroll		County Cecil		CERTIFICATE OF DEATH	
Died at Elkton		Town Elkton		MARYLAND	
Date of death 1905		Month 6	Day 7	Age Lived 5 months	Years —
Sex male		Color or Race white		Birth-place Elkton Md	
Occupation —		Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name Walter Carroll		Father's Birthplace Arkansas			
Mother's Maiden Name Florence Wardell		Mother's Birthplace Maryland			
Name of person giving information Florence Wardell		How related to deceased refuse			
CAUSES OF DEATH					
Primary Heart Pneumonia		How long 151			
Immediate —		How long —			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Alvin Mitchell M.D.			
		Address Elkton Md.			
Accident or Suicide? —					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

John Francis Creswell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

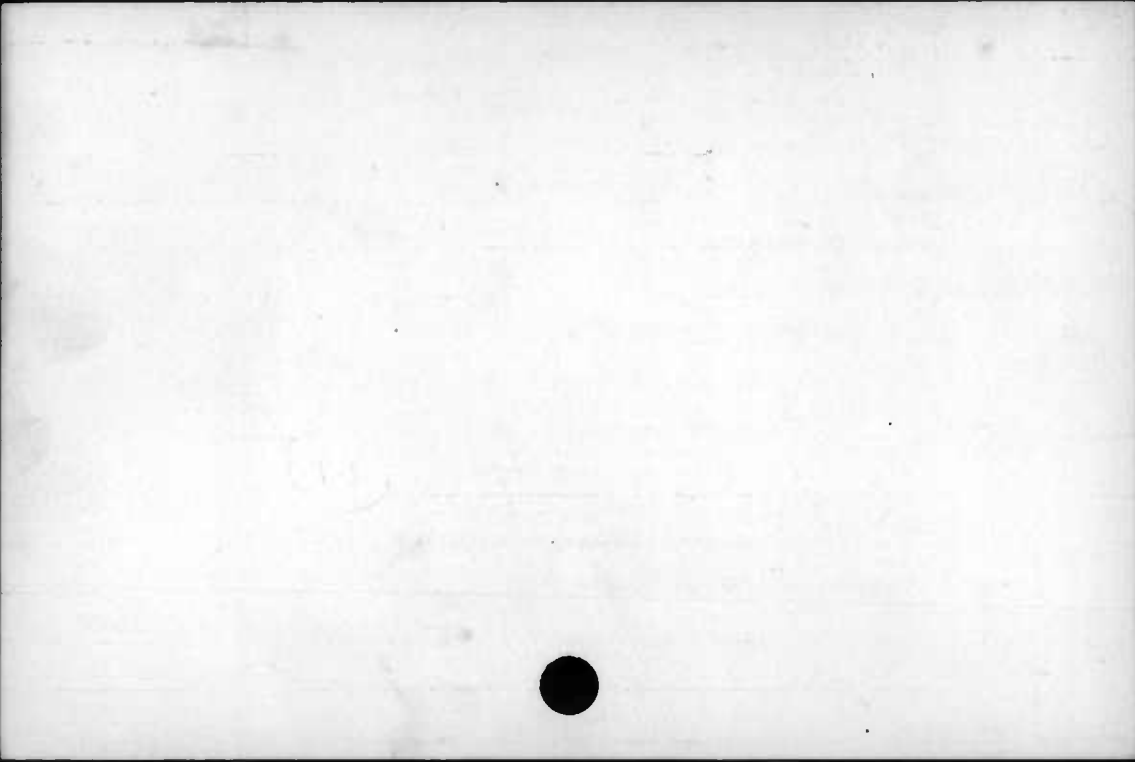
Died at <i>Chesapeake City</i>		Town <i>Chesapeake City</i>		County <i>Cecil</i>		MARYLAND	
Date of death	1908	Month	6	Day	13	Age	Years — Months 10 Days 28
Sex	<i>male</i>		Color or Race	<i>White</i>		Birth-place	<i>Philadelphia Pa</i>
Occupation	<i>Infant</i>			Where Residing if not at place of death		<i>Chesapeake City Md</i>	
Married, Single or Widowed	<i>x</i>		Name of Wife or Husband		<i>x</i>		
Father's Name	<i>John Creswell</i>					Father's Birthplace	<i>Philadelphia Pa</i>
Mother's Maiden Name	<i>Anna Mary Buck</i>					Mother's Birthplace	<i>York Pa</i>
Name of person giving information	<i>John Creswell</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

61

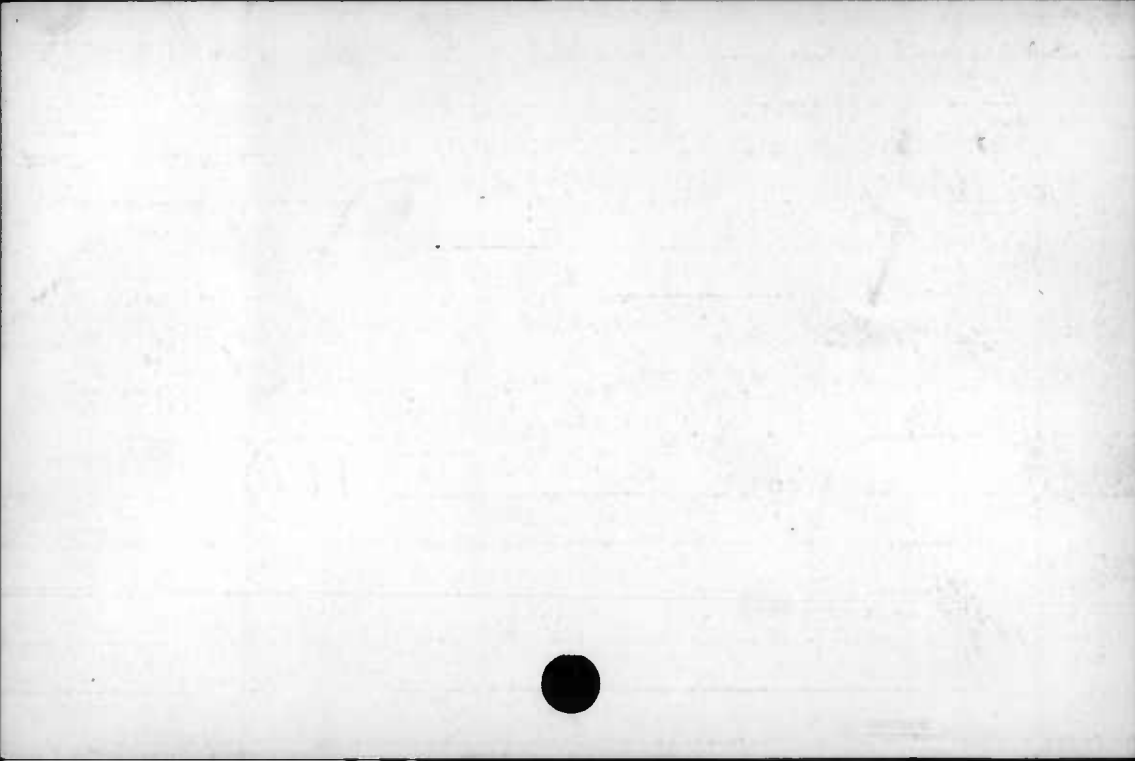
PHYSICIAN
OR CORONER

Primary	<i>Cerebral Meningitis</i>	How long	<i>15 days</i>
Immediate	<i>Convulsion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. E. Harsney, M.D.</i>
		Address	<i>Chesapeake City Md</i>
Accident or Suicide?		<i>No</i>	



Name in Full		John Gerlack				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Perryville		Cecil					
	Date of death		Month	Day	Age	Years	Months	Days
	1908		June	25	2	6		
	Sex		Color or Race		Birth-place			
male		white		Perryville				
Occupation		Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband						
Father's Name		John J. Gerlack				Father's Birthplace		
						unknown		
Mother's Maiden Name		Mabel J. Barrett				Mother's Birthplace		
						Cecil Co		
Name of person giving information		Mabel J. Gerlack				How related to deceased		
						brother		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Strychnine poisoning				How long	
							20 minutes	
	Immediate						How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Gro. W. Stump			
		Address		Perryville, Md.				
Accident or Suicide?		Accident						

175



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Mitchell Tomlinson Hall

Died at *Harwick* Town *Loch* County

DATE of death *1908* Month *June* Day *26* Age *—* Years Months *—* Days *8*

Sex *Male* Color *White* Birth-place *Harwick*

Occupation *Mill* Where Residing if not at place of death *Harwick Md*

~~Married~~ Single ~~Name of Wife or~~ ~~Husband~~ *—*

Father's Name *Not Known* Father's Birthplace *Not Known*

Mother's Maiden Name *Jessie Hall* Mother's Birthplace *Harwick*

Name of person giving information *Mrs Lookman* How related to deceased *Friend*

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary *Imperfect Closure of Aorta* How long *Since Birth*

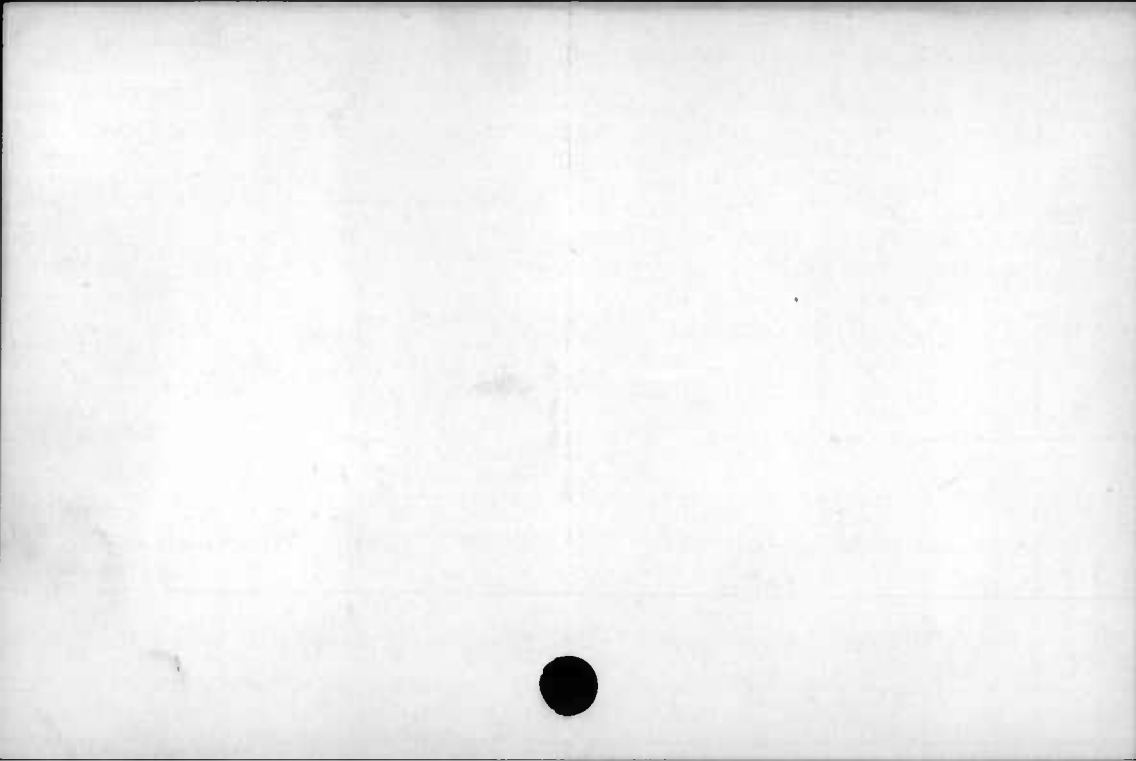
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J J Knight*

Address *Harwick Md*

Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

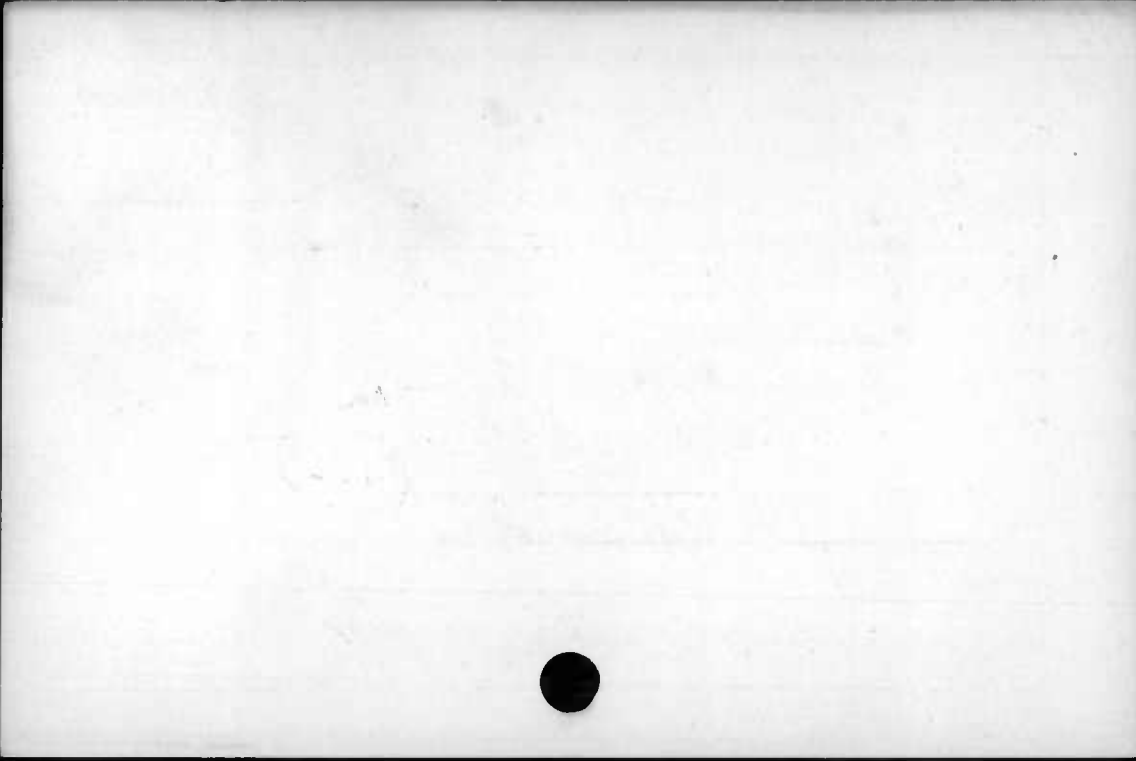
Died at <u>East River</u> Town <u>Cecil</u> County					
Date of death <u>1908</u>	<u>6</u> Month	<u>28</u> Day	<u>21</u> Years	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Cecil Co</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Navy Racine's</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>George Harvett</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Mary E Chambers</u>	Mother's Birthplace <u>Pennsylvania</u>				
Name of person giving information <u>H. J. Parburtton</u>	How related to deceased <u>Half Brother</u>				

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary <u>Accidental Drowning</u>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Frank H. Sawyer</u>
	Address <u>Elkton MD</u>
Accident or Suicide? <u>Accident</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Back Creek, 2d Dist. Cecil* County

Date of death *1908* *June* month *27* Day *6* Years ~~1907~~ Months Days

Sex *Male* Color or Race *Negro* Birth-place *Clarksburg, W. Va.*

Occupation *none* Where Residing if not at place of death *none*

Married, Single or Widowed *Single* Name of Wife or Husband *was Clara*

Father's Name *David Lewis* Father's Birthplace *W. Va.*

Mother's Maiden Name *Annie Carmel* Mother's Birthplace *W. Va.*

Name of person giving information *Annie Carmel* How related to deceased *Mother*

CAUSES OF DEATH

179

Primary *Malaria* How long *6 months*

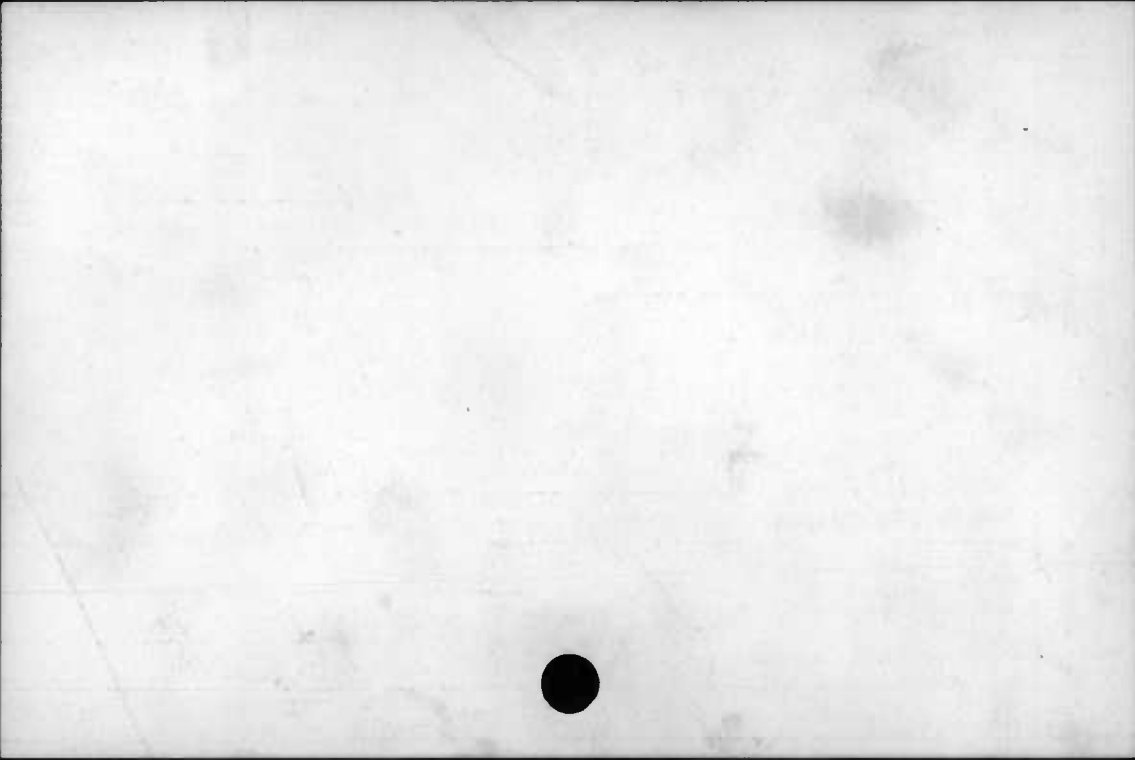
Immediate *Malaria* How long *6 months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Clinton B. Lewis M.D.*

Address *Clarksburg City, W. Va.*

Accident or Suicide?



Name
in
Full

Robert Graham Lasser

CERTIFICATE OF DEATH

Died at *Basco Creek* ^{Town} *2nd District* ^{County} *Oecil*

MARYLAND

Date of death *1908* ^{Month} *6* ^{Day} *10* ^{Years} *10* ^{Months} ^{Days}Sex *Male* Color or Race *White* Birth-place *Chila*Occupation ^{Where Residing if not at place of death} *Basco Creek*Married, Single or Widowed *No* Name of Wife or Husband *Washington C Lasser*Father's Name *W C Lasser* Father's Birthplace *Wilmington*Mother's Maiden Name *Louise Saunders* Mother's Birthplace *Maryland*Name of person giving information *W. C Lasser* How related to deceased *Father*

CAUSES OF DEATH

Primary *Drowning*How long *172*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *John H. Jones*

Address

Accident or Suicide? *Accident*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Susan McClenahan

CERTIFICATE OF DEATH

Died at

Port-Deposit

County

Cecil

MARYLAND

Date

of death 1908

Month

6

Day

16

Age

Years

79

Months

5

Days

Sex

Female

Color or
Race

White

Birth-
place

Pa

Occupation

House keeping

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

John McClenahan

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

cc

Mother's
Birthplace

cc

Name of person giving
Information

Hannah E. Hindman

How related
to deceased

Not any

CAUSES OF DEATH

80

Primary

Angina pectoris

How long

2 yrs

Immediate

Heart Failure

How long

2

Are the name, age, sex, color, date
and place correctly given above?

yes

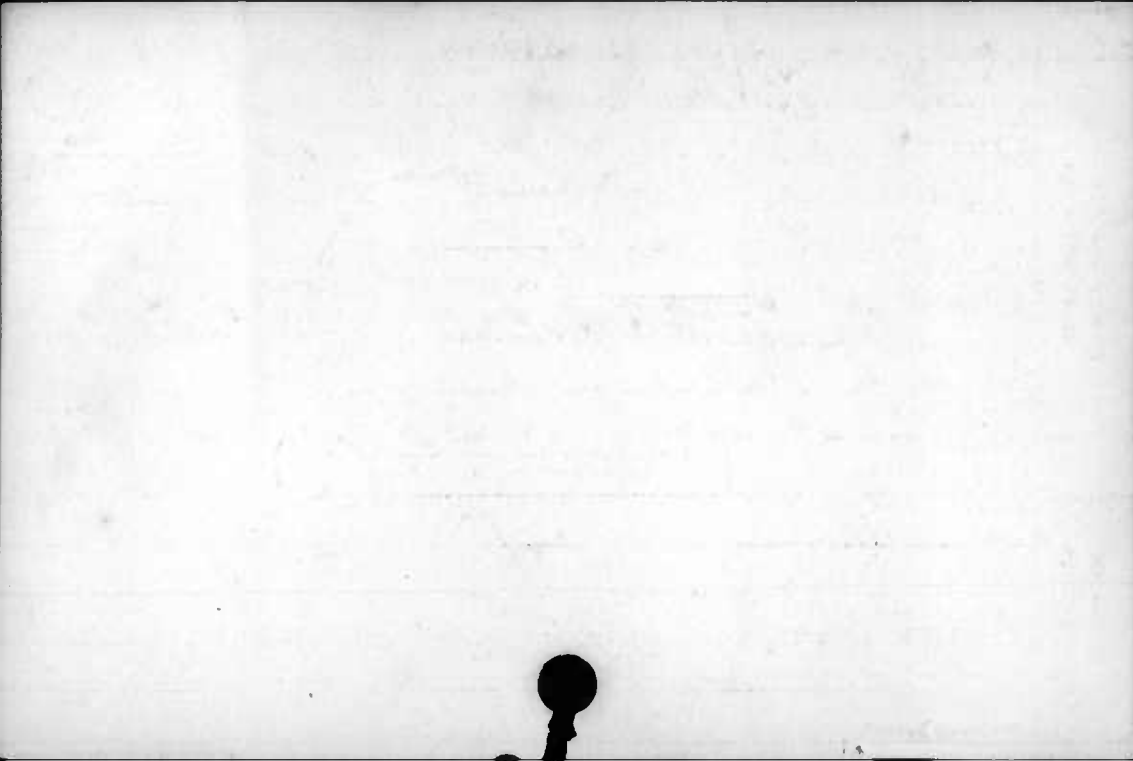
Signature of
Physician

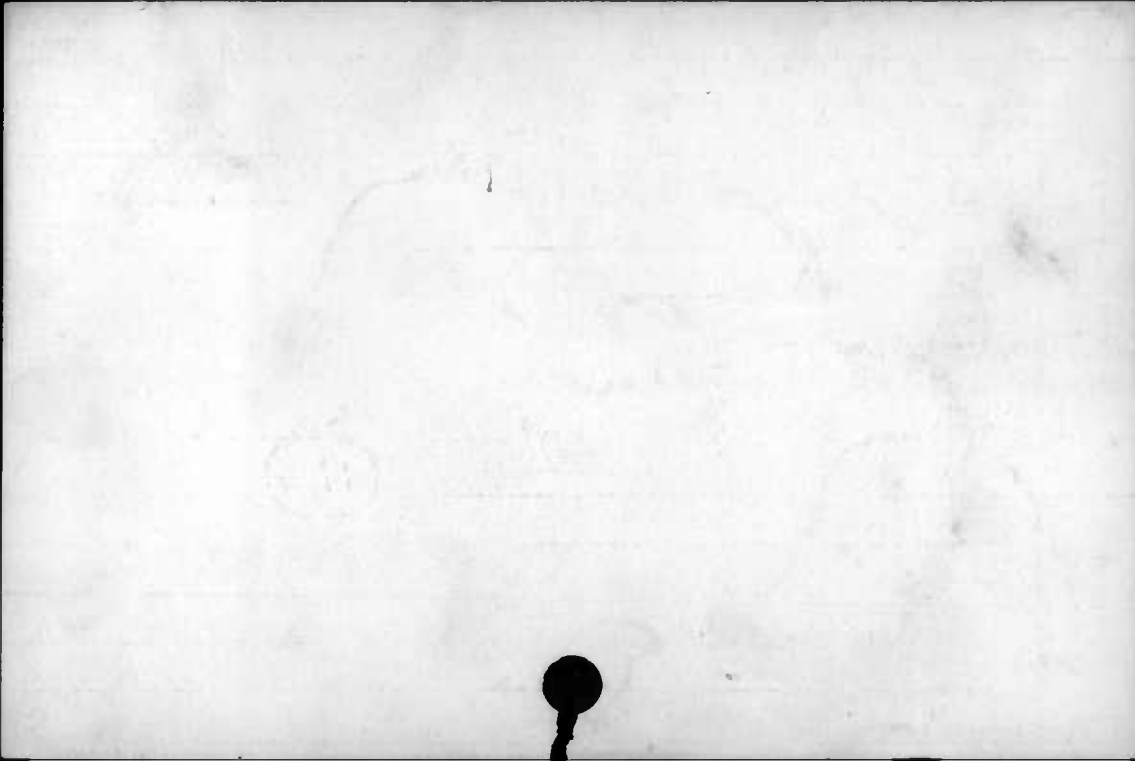
Address

W.C. Jack M.D.
Liberty, Grov. MD.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER





Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

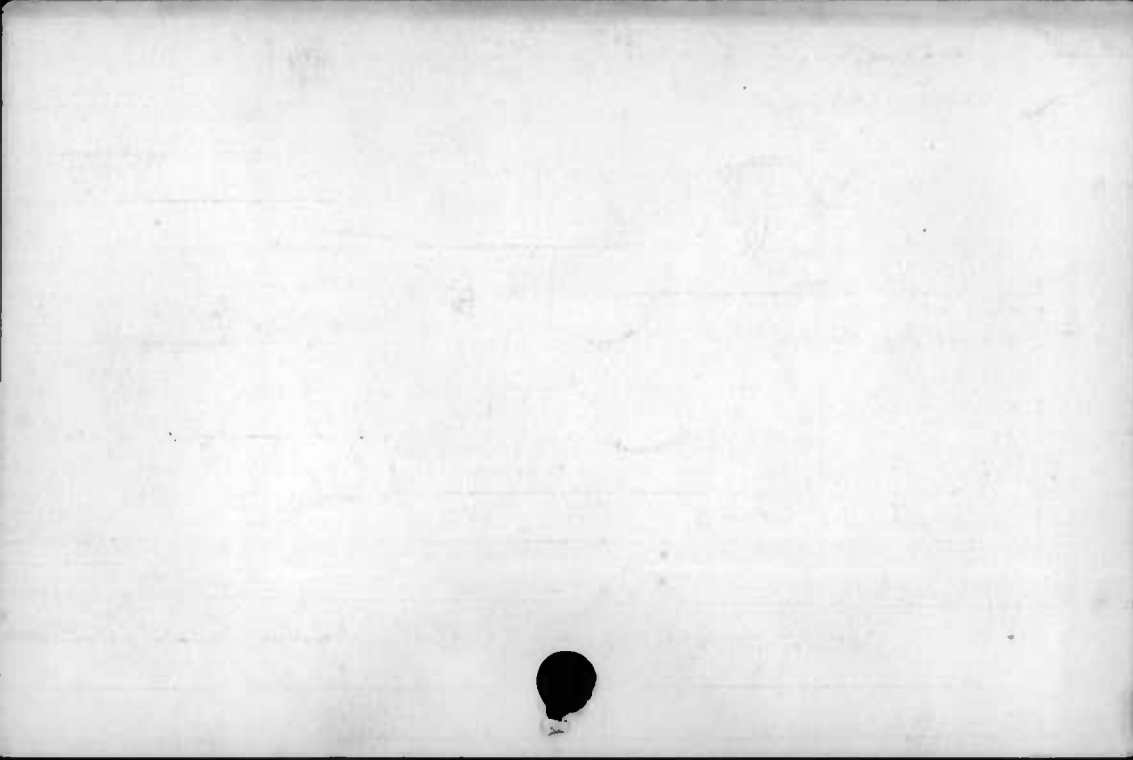
Name in Full <i>Mary Ann Harrison</i>				Town <i>Sylmar</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Sylmar</i>		Month <i>6</i>		Day <i>11</i>		Years <i>80</i>		Months	
Date of death <i>1908</i>		Month <i>6</i>		Day <i>11</i>		Age <i>80</i>		Days	
Sex <i>Female</i>		Color or Race <i>Whi</i>		Birth-place <i>Maryland</i>					
Occupation <i>None</i>		Where Residing if not at place of death <i>Sylmar</i>							
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John Harrison</i>							
Father's Name <i>Levi McCombs</i>		Father's Birthplace <i>Maryland</i>							
Mother's Maiden Name <i>Catherine Hill</i>		Mother's Birthplace <i>do</i>							
Name of person giving information <i>My N. McCombs</i>		How related to deceased <i>Niece</i>							

CAUSES OF DEATH

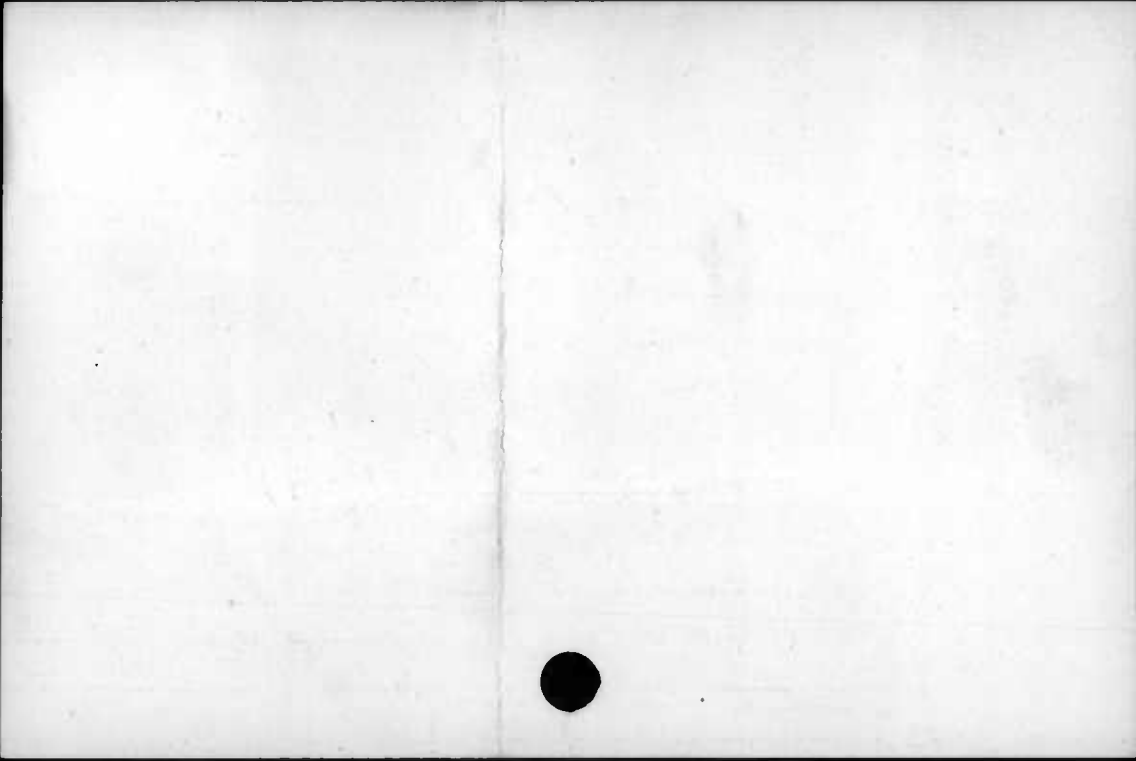
166

PHYSICIAN
OR CORONER

Primary <i>Accident</i>		How long <i>Two months</i>	
Immediate <i>Heart Failure</i>		How long <i>Two months</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. H. Rogers</i>	
		Address <i>Bluffton</i>	
Accident or Suicide?			



Name In Full		Oliver R. Richards				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND			
		Died at		Richardsville		Be cil			
		Date of death		1908	Month	June	Day	29	
		Age		19	Years	4	Months	29	
		Sex		Male	Color or Race		White	Birth-place	Richardsville
		Occupation		(Student)		Where Residing if not at place of death			
		Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Welford B Richards				Father's Birthplace		Cecil Co	
Mother's Maiden Name		Maryann Scott				Mother's Birthplace		Panna,	
Name of person giving information		Mr R Richards				How related to deceased		Father	
		CAUSES OF DEATH				27			
PHYSICIAN OR CORONER		Primary		Acute Military Tuberculosis (3mo.)					
		Immediate		Exhaustion					
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Ernest Rowland	
				Address		Liberty Grover			
		Accident or Suicide?							



Name
In
Full

Hester G. Ruseley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Cecilton* ^{TOWN}

County

Cecil

MARYLAND

Date
of death *1908*

Month

6

Day

29

Age

Years

34

Months

Days

Sex

*Female*Color or
Race*afrecan*Birth-
place*Cecil Co*

Occupation

*House work*Where Residing if not
at place of death*Cecilton md*Married, Single
or ~~Married~~Name of Wife or
HusbandFather's
Name*Henry Ruseley*Father's
Birthplace*Do not know*
~~Baltimore~~Mother's
Maiden Name*Hester Jenkins*Mother's
Birthplace*Baltimore Co*Name of person giving
In formation*Ida L. Turner*How related
to deceased*Sister*

CAUSES OF DEATH

27

Primary

Tuberculosis Lungs

How long

3 Years

Immediate

Tuberculosis Lungs

How long

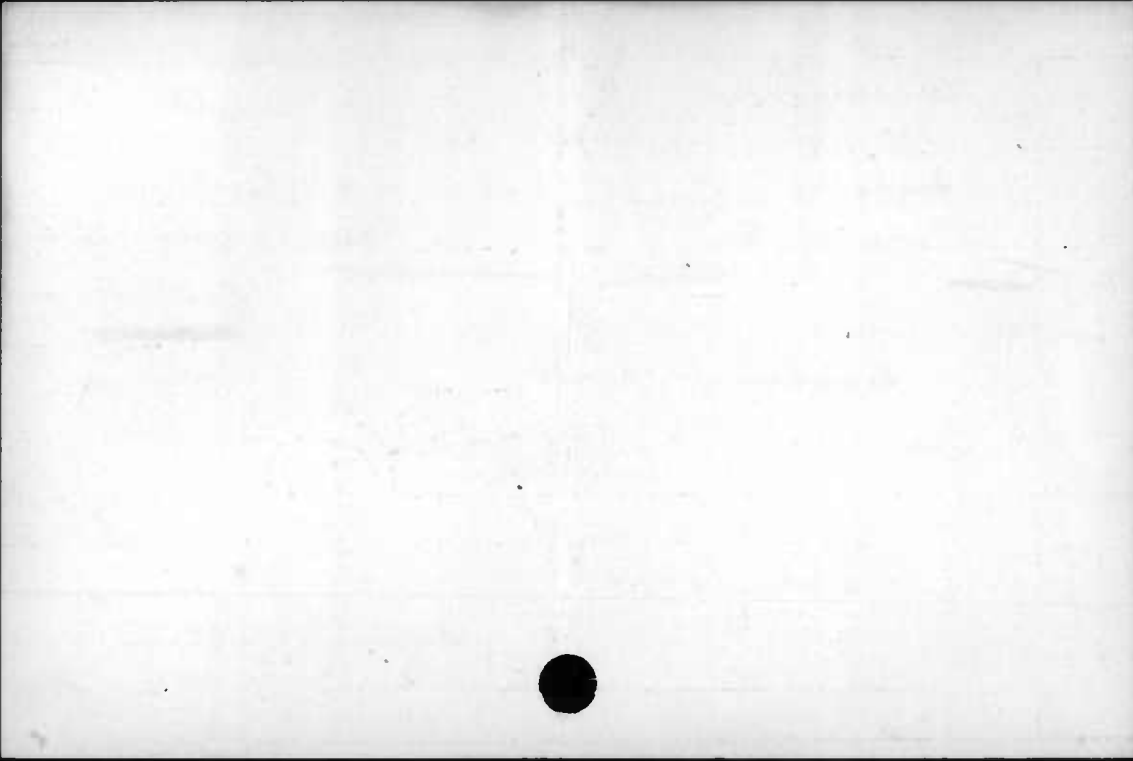
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*E. N. Crawford*

Address

*Cecilton**md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Infant
E. R. Mills

Town

Santmyer
Leicil

County

MARYLAND

Date

of death 1908

Month

6

Day

12

Age

Years

Still-Born

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Ellsworth Santmyer

Father's
Birthplace

Md

Mother's
Maiden Name

Lidia Bacon

Mother's
Birthplace

Pa

Name of person giving
In formation

Lidia Santmyer

How related
to deceased

mother

CAUSES OF DEATH

Primary

Still Born

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

O. J. Carvico MD
Cherry Hill
Md

Accident or Suicide?

PHYSICIAN
OR CORONER

208

Name
in
Full

Infant Not Named Stevens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near Harvier*

Town

Cecil

County

Date
of death *1908*Month
*6*Day
28

Age

Years

Months

Days

3 hours

Sex

*male*Color or
Race*Negro*Birth-
place*md*

Occupation

*X*Where Residing if not
at place of death*-*Married, Single
or Widowed*X*Name of Wife or
Husband*X*Father's
Name*George Stevens*Father's
Birthplace*md*Mother's
Maiden Name*Mamie J. Harris*Mother's
Birthplace*"*Name of person giving
Information*Henry Hollingsworth*How related
to deceased*Friend*

CAUSES OF DEATH

151

Primary

No. Dr in attendance

How long

Immediate

after or at birth

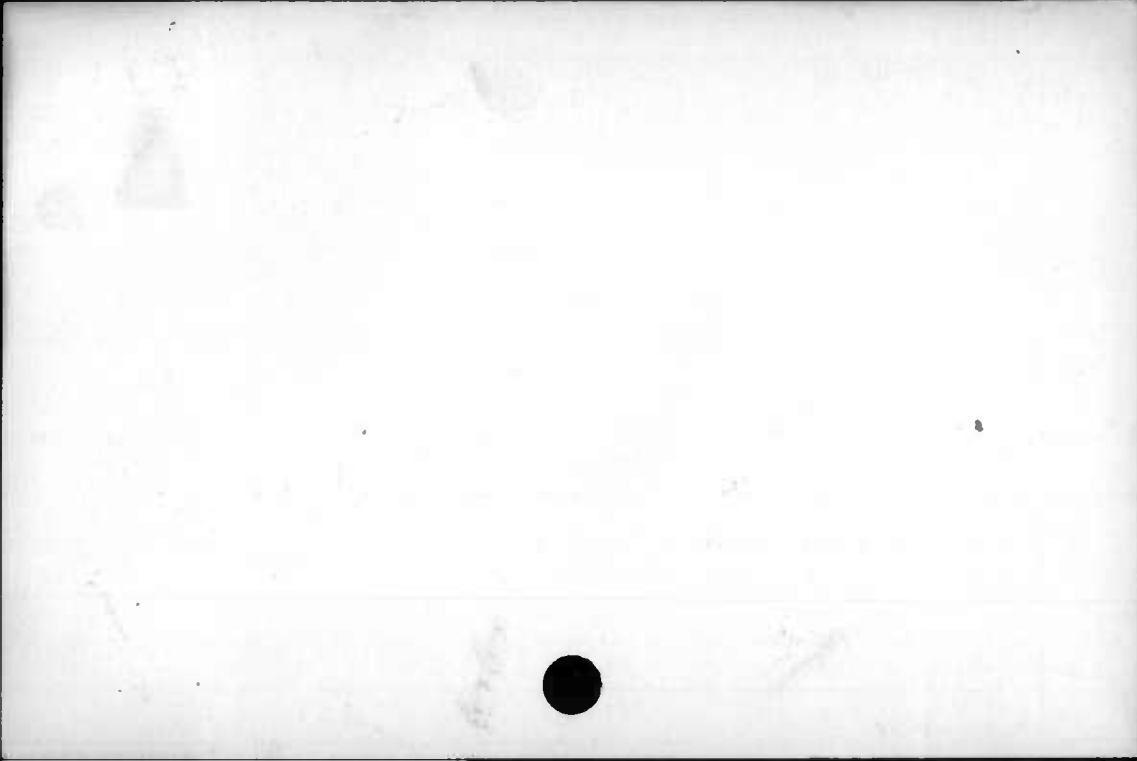
How long

Are the name, age, sex, color, date
and place correctly given above?*of this Infant*Signature of
Physician

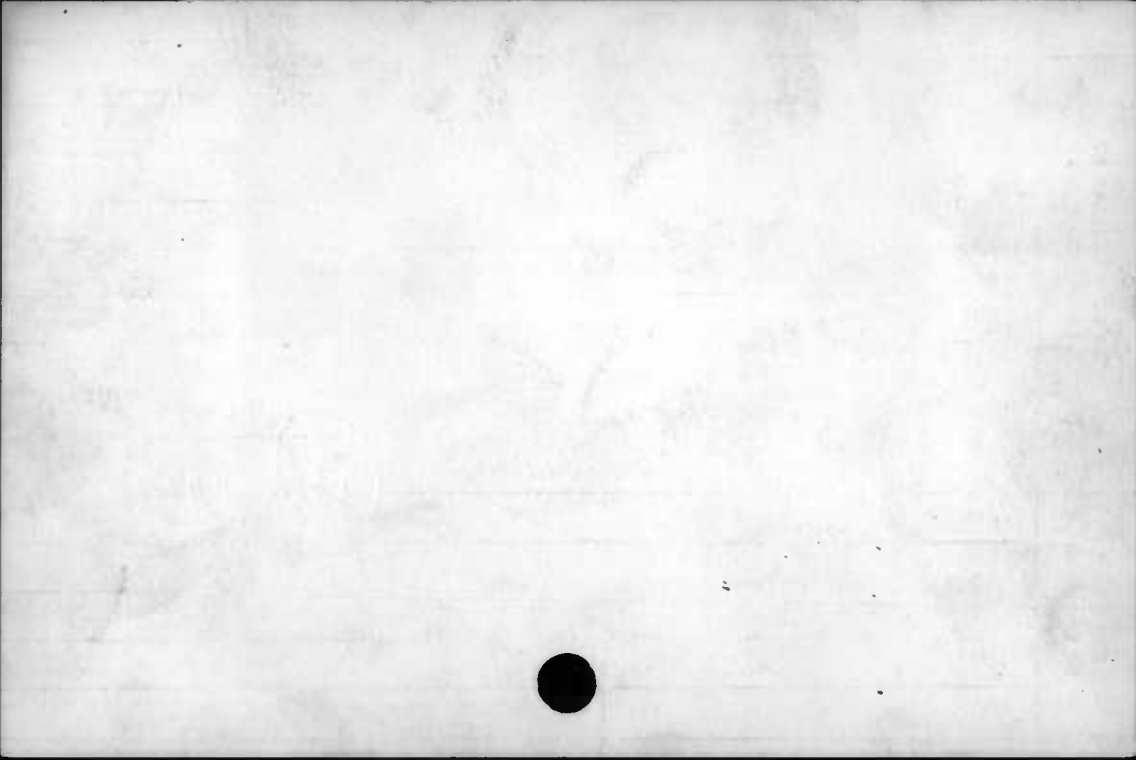
Address

J H Black
Sub Regstr

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Port Deposit</i> <small>Town</small>		<i>Stewart</i> <small>County</small>		MARYLAND	
	Date of death <i>1908</i> <small>Month</small> <i>June</i> <small>Day</small> <i>12</i>	Age <i>Still Born</i> <small>Years</small> <i>X</i> <small>Months</small>		<small>Days</small>		
	Sex <i>Female</i>	Color or Race <i>Col.</i>		Birth-place <i>Port Deposit</i>		
	Occupation		Where Residing if not at place of death <i>Port Deposit</i>			
	Married, Single or Widowed	Name of Wife or Husband				
	Father's Name <i>Harry Stewart</i>	Father's Birthplace <i>Crowsville, Georgia</i>				
	Mother's Maiden Name <i>Fannie Black</i>	Mother's Birthplace <i>Port Deposit</i>				
Name of person giving information <i>Harry Stewart</i>		How related to deceased <i>Father</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>bad Bone</i>		(S) How long <i>—</i>			
	Immediate <i>—</i>		How long <i>—</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. A. Clumson</i>			
			Address <i>Port Deposit</i>			
			<i>Port</i>			
<u>Accident or Suicide?</u>						



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

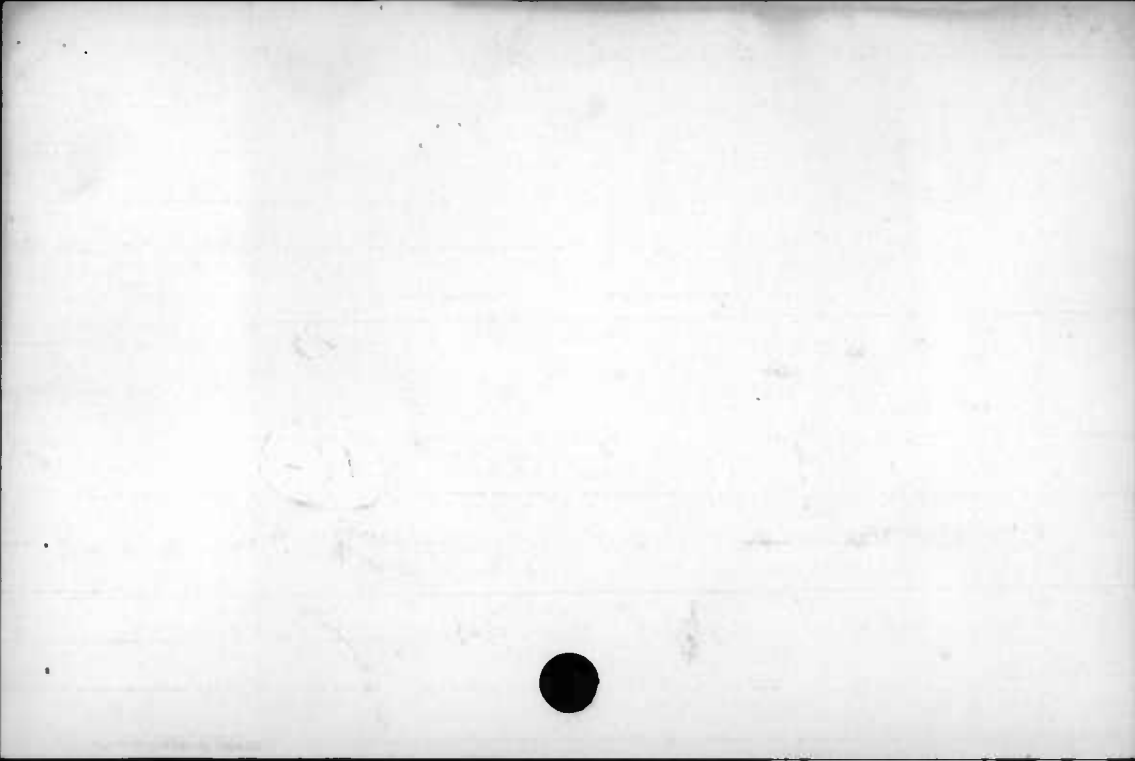
Name <i>Walter Trupton</i>		Town <i>Burrsville</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Burrsville</i>		Month <i>6</i>		Day <i>8</i>		Age <i>31</i>	
Date of death <i>1908</i>		Month <i>6</i>		Day <i>8</i>		Years <i>31</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Unknown</i>		Months <i>—</i>	
Occupation <i>Labourer</i>		Where Residing if not at place of death		Days <i>—</i>			
Married, Single or Widowed <i>Unknown</i>		Name of Wife or Husband <i>Unknown</i>		Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>	
Father's Name <i>Unknown</i>		Mother's Maiden Name <i>Unknown</i>		How related to deceased <i>172</i>			
Name of person giving information							

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary <i>Accidental Drowning</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Frank Rogers Brown</i>	
		Address <i>E. H. Brown</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name in Full <i>Jacob L. Tyson</i>		Town <i>Near Calvert</i>		County <i>Cecil</i>	
Died at <i>Near Calvert</i>					
Date of death <i>1908</i>	Month <i>6</i>	Day <i>10</i>	Age <i>82</i>	Months <i>11</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Calvert Md</i>		
Occupation <i>Cooper</i>	Where Residing if not at place of death <i>Near Calvert-Md</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Nancy A. Tyson</i>				
Father's Name <i>Joseph M. Tyson</i>	Father's Birthplace <i>Montgomery Co. Pa</i>				
Mother's Maiden Name <i>Mary M. Bean</i>	Mother's Birthplace <i>Montgomery Co. Pa</i>				
Name of person giving information <i>Nancy A. Tyson</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>10 years</i>
Immediate <i>do</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Richardson</i>
	Address <i>Calvert Md</i>
Accident or Suicide?	

